

PTO/SB/21 (09-04)

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/667,609
Filing Date	September 23, 2003
First Named Inventor	KANTOR, John D.
Art Unit	3763
Examiner Name	WILLIAMS, Catherine Serke
Attorney Docket Number	PA1484

**ENCLOSURES (Check all that apply)**

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/<br>Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts<br>under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a<br>Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><br><input type="checkbox"/> Appeal Communication to Board<br>of Appeals and Interferences<br><br><input type="checkbox"/> Appeal Communication to TC<br>(Appeal Notice, Brief, Reply Brief)<br><br><input type="checkbox"/> Proprietary Information<br><br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify<br>below):<br>Return Postcard |
|--|--|---|

Remarks

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**Firm Name  
Medtronic Vascular, Inc.

Signature

Printed name

Catherine C. Maresh

Date

December 20, 2004

Reg. No.

35,268

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature

Typed or printed name

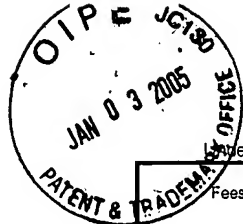
Kimberly Melvin

Date

December 20, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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<b>FEE TRANSMITTAL</b> <b>For FY 2005</b> Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriation Act, 2005 (H.R. 4818) ____ Applicant claims small entity status. See 37 CFR 1.27		<b>Complete if Known</b>	
		Application Number	10/667,609
		Filing Date	September 23, 2003
		First Named Inventor	KANTOR, John D.
		Art Unit	3763
<b>TOTAL AMOUNT OF PAYMENT</b>	<b>(\$)</b> 200.00	Examiner Name	WILLIAMS, Catherine Serke
		Attorney Docket Number	PA1484

**METHOD OF PAYMENT** (check all that apply)

\_\_\_\_ Check \_\_\_\_ Credit Card \_\_\_\_ Money Order \_\_\_\_ None \_\_\_\_ Other (please identify): \_\_\_\_\_

☒ **Deposit Account** Deposit Account Number: 01-2525 Deposit Account Name: Medtronic Vascular, Inc.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below \_\_\_\_ Charge fee(s) indicated below, **except for the filing fee**

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING Fee (\$)	FEES		SEARCH Fee (\$)	FEES		EXAM. Fee (\$)	FEES		Fees Paid (4)
		Small Entity	Fee (\$)		Small Entity	Fee (\$)		Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100				
Design	200	100	100	50	130	65				
Plant	200	100	300	150	160	80				
Reissue	300	150	500	250	600	300				
Provisional	200	100	0	0	0	0				

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

**Total Claims** 24 - 33 or HP = 0 **Extra Claims** 0 **Fee (\$)** 0 **Fee Paid (\$)** 0  
HP = highest number of total claims paid for, if greater than 20

**Multiple Dependent Claims**  
**Fee (\$)**            **Fee Paid (\$)**           

**Indep. Claims** 4 - 3 or HP = 1 **Extra Claims** 1 **Fee (\$)** 200.00 **Fee Paid (\$)** 200.00  
HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

**Total Sheets**            - 100 =            **Extra Sheets**            / 50 =            **Number of each additional 50 or fraction thereof**            **Fee (\$)**            **Fee Paid (\$)**             
(round up to a whole number) x =

**4. OTHER FEE(S)**

**Fee Paid (\$)**

Non-English Specification, \$130 fee (no small entity discount)           

Other:           

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	35,268	Telephone	707.543-0221
Name (Print/Type)	Catherine C. Maresh	Date	December 20, 2004		

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (any by the USPTO to process an application). Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Express Abandonment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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